## Developmental Disorders in Children

# Developmental Coordination Disorder (DCD)

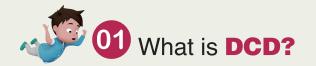


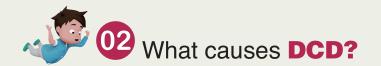


**Child Assessment Service** 

Department of Health

The Government of the Hong Kong Special Adminstrative Region www.dhcas.qov.hk







The development of motor coordination in children with DCD is considered to be inappropriate for their age and cognitive development. It is not caused by intellectual disability, behavioural or sensory disorders, and is not a result of neurological conditions which affect movement.



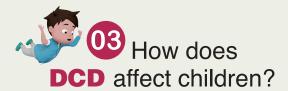


The exact cause of DCD has yet to be determined. No specific brain lesion has been identified.

There is an increased incidence of DCD in premature and low-birth-weight children.

Besides, family history of DCD suggest a possible genetic link.

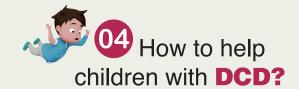




Their gross and fine motor coordination problems significantly interfere with their academic performance and activities of daily living, such as self-care, participation in classroom and leisure activities. The symptoms of DCD are usually noticed in children between 5 to 11 years old. The children may be slow at learning stair climbing, jumping or playing games in their early childhood. They are clumsy and would fall easily.



Mastery of self-care tasks such as dressing, using utensils and feeding are also delayed. When children reach school age, difficulties with academic tasks may appear, especially in handwriting and copying tasks, and participation in physical education classes. They are often misunderstood, teased or bullied. Many have low self-esteem, high level of anxiety and behavioural problems. They may avoid physical activities or recreation, leading to obesity and poor physical fitness.

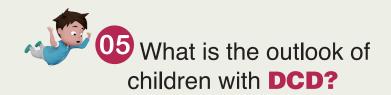




Training of children with DCD involves two aspects. First, training to remediate their underlying sensory deficits, such as sense of balance, so as to improve their motor performance.

Second, training on specific tasks such as dressing and skipping, breaking the task into small steps, instruct and show them, so that they could practice in a step-by-step way in order to accomplish the whole task.







It is difficult to predict their long term outcome based on the initial presentation. For children with severe symptoms, their impairment may persist into adulthood. For children with mild symptoms, their impairment may improve with time.

Some children will show improvement in their motor coordination with training. They will be able to participate in recreational activities at home, in school and with peers.





### **Initial Check-up**

Maternal and Child Health Centres / Paediatricians / School-based Educational Psychologists / General Practitioners



#### **Further Assessment**

Child Assessment Service



**Training and Treatment** 

#### **Professional Services**

Occupational TherapyPhysiotherapy

#### School-based Support Services

• Learning Support and Accommodation



Education Bureau: Integrated Education and Special Education Information Online https://sense.edb.gov.hk/en/index.html

Canchild Centre for Childhood Disability Research www.canchild.ca

**Dyspraxia Foundation** www.dyspraxiafoundation.org.uk

